

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

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International Application No.
24 JAN 2003 (24.01.03)
International Filing Date
PCT INTERNATIONAL APPLICATION RO/US
Name of receiving Office and PCT International Application
Applicant's or agent's file reference: (if desired) (12 characters maximum)
G25-073

Box No. I TITLE OF INVENTION	
SOLENOPSIN A, B AND ANALOGS AS NOVEL ANGIOGENESIS INHIBITORS	
Box No. II APPLICANT	
Name and address: (family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)	<input type="checkbox"/> This person is also inventor
The University of Georgia Research Foundation, Inc. Boyd Graduate Studies Research Center Athens, Georgia 30602-7411 United States of America	Telephone No.: 706-542-5929
	Facsimile No.: 706-542-3837
	Teleprinter No.
State (i.e. country) of Nationality: US	State (i.e. country) of Residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America	<input type="checkbox"/> the United States of America only <input type="checkbox"/> the states indicated in the supplemental box
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Name and address: (family name followed by given name; for a legal entity, full official Designation. The address must include postal code and name of country)	This person is:
Emory University Office of Technology Transfer 2009 Ridgewood Drive Atlanta, Georgia 30322 United States of America	<input checked="" type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (if this check-box is marked, do not fill in below)
State (i.e. country) of nationality: US	State (i.e. country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America	<input type="checkbox"/> the United States of America only <input type="checkbox"/> the states indicated in the supplemental box
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:	<input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative
Name and address: (family name followed by given name; for a legal entity, full official Designation. The address must include postal code and name of country)	Telephone No. (203) 366-3560
Henry D. Coleman Coleman Sudol Sapone, P.C. 714 Colorado Avenue Bridgeport, CT 06605-1601 United States of America	Facsimile No. (203) 335-6779
	Teleprinter No.
<input type="checkbox"/> Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

Form PCT/RO/101 (first sheet)

EL890537239US

Box No. V DESIGNATION OF STATES . Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

Regional Patent

- ☒ AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line)
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- ☒ OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

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- | | | |
|---|--|--|
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- ☒ all other PCT member states
- ☒ SC Seychelles
- ☒ VC St. Vincent

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)